

Deadlines:

File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248 polly.grow@seattle.gov

candidate or being newly appointed to a position.

Incumbent elected and appointed officials -- by April 15.

Candidates and others -- within two weeks of becoming a

SEEC FORM (7/18)

SEEC **DOLLAR** CODE

\$0

\$5,000

\$10,000

\$25,000

\$100,000

\$200,000

(1)

(2)

(3)

(4)

(5)

(6)

AMOUNT \$999 \$1,000

\$4,999 \$9,999 \$24,999 \$99,999

\$199,999

\$999,999 (7) \$1,000,000 (8) -- \$4,999,999 \$5,000,000 or more

PERSONAL FINANCIAL AFFAIRS STATEMENT

SEND REPORT TO Seattle City Clerk

"immediate family" means: (a) a spouse or domestic partner, or (b) a parent, parent of a spouse or domestic partner, child, child of spouse or domestic partner, sibling, uncle, aunt, cousin, niece or nephew, if that person either resides with or is a dependent on the Covered Individual's most recently filed federal income tax return. SMC 4.16.080

Last Name Firs	st	Middle Initia	al Names of	immediate family	members. If there	is no
	JIS	5	other dep	endents living in y	sclose for dependen rour household, do r use or domestic par	not identify
Mailing Address (Use PO Box or Work Address	ress) *		BRET	TANY SA.	MANTHA	/
POBOX 17437			WIT	NESS (SP))	
SEATTLE COL	Inty KIN	9 98127-113	7			
Filing Status (Check only one box.)			Office Hel	d or Sought	***************************************	
An elected or appointed official filing an	nual report		Office title	South	City Coun	
Final report as an elected official. Term	expired:			JON! I'E	City Coun	0.1
Candidate running in an election: mont	A 1		Position n	U		
Newly appointed to an elective office	7	year	Term begi	ns: Jan 202	ends: De	c 2024
immediate famil	y member, red	source of income (pension seived compensation, in a	any form, of \$2.4	00 or more duri	t, etc.) from which	h you or an
options received	during the rep	oorting period that had a v	alue of more than	\$2,400.	ng me penedi m	olddo Stock
Show Self (S) Spouse (SP/DP) Name and Address of Employ			Occupation or He	ow Compensation	Amount:	
Dependent (D) Rimmer + Heertop			Was E	arned	(Use Code	
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5 912 22 AVE# 32,005	ality Inso	rance	Disability	Insuran	ve)	
912 2nd AVETS ZKOS	carro w	A98174	Disability Marketing Marketing	0 1	(4)	
SP Runble Monkey Ave, Se	withe Win	48127	Marketing	Directal	(4)	
5P Brinner + Helter 428 NW Market	ال ما	. (1 0/.)	Mar ketin	<	(//	
Check Here ☑ if continued on	attached chaot	e W# 48107	_)	(1)	
List stre		sessor's parcel number, o	or legal description	on AND county fo	or each parcel of l	Machinaton
Z REAL ESTATE real esta	te with value	of over \$12,000 in which	you or an immed	liate family mem	ber held a person	nal financial
Property Sold or Interest Divested	Assessed	Name and Address of Purcl			on F-1 supplement unt (Use Code) of Pa	
	Value (Use 1-9			Consideration Re		Jillone of
A./A	Code)					18
NA	()					()
/	()					()
Property Purchased or Interest Acquired		Creditor's Name/Address		Security Given	Mortgage Amount	- (Use Code)
1/1			(eg. 20 yrs at 4.3%)		Original	Current
10/11	()	CITY CLERK		*	()	()
All Other Property Entirely or Partially Owned	()	BLEBSS BWIS: 3			()	()
41/1	() -	JEED 30 DMID- O	,	M 50 200	()	()
14/ 34	()	CITY OF SEATTLE			()	()
Check here ☐ if continued on attached sheet		FILED				

A. Name and address of each bank or financial institution in which you or an immediate family member had an account over \$24,000 at any time during the report period. B. Name and address of each insurance company, especially and a policy with a cash of ban robus over \$24,000 at any time during the period. C. Name and address of each company, especialistic government agency, etc. in which you or an immediate family member had each or company, especialistic government agency, etc. in which you or an immediate family member had decision making authority regarding individual assective-extracts list account. Stock options, and other intendigue property. If you or your immediate family member had decision making authority regarding individual assective-extracts list account. Stock shall be reported by market value at the time of reporting. Check here I or continued on attached sheet. 4. CREDITORS List each creditor you or an immediate family member owed \$2,400 or more any time during the period. During the period period to period. During the period period period period period period. During the period p	3	3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.						
A Name and address of each bank or financial institution in which you are immediate family member had an account over \$24,000 at any time during the report period. B. Name and address of each insurance company where you or an immediate family member had a picicy with a cash or loan value over \$24,000 during the period. C. Name and address of each company, association, government agency, etc. is which you or an immediate family member had a financial interest worth over \$24,000 include stocks, bonds, ownershy, reflectment plant. If Notes, stock options, and other decision making authority regarding inclividual assets/investments list each asset or investment, he value and any increase and investment account identity each stock or other value and any increase and in the account. Stock shall be reported by market value at the time of reporting. Check here If continued on stateded sheet. 4 CREDITORS Let each creditor you or an immediate family member owed \$2,400 or more any time during the period. Don't include related harps accounts, credit cards, or mortgages or real estate reported (U.S. 1-4 Cools) in Item 2. Let each creditor you or an immediate family member owed \$2,400 or more any time during the period. Don't include related harps accounts, credit cards, or mortgages or real estate reported (U.S. 1-4 Cools) in Item 2. Let each creditor you or an immediate family member owed \$2,400 or more any time during the period. Don't include related harps accounts, credit cards, or mortgages or real estate reported (U.S. 1-4 Cools) in Item 2. Let each creditor you or an immediate family member owed \$2,400 or more any time during the period. Don't include related harps accounts, credit cards, or mortgages or real estate reported (U.S. 1-4 Cools) in Item 2. Let each creditor you or an immediate family member owed \$2,400 or more any time during the period port in Item 2. Let each creditor you or an immediate family member over a second second second you or a candidate or more any second second you or a candidate			Type of Ac	count or Description	of Asset			
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File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248 Polly.Grow@Seattle.gov

SEEC FORM

F-1

SUPPLEMENT (7/18)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION	PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS						
Last Name M ASS	A First L	OUIS	Middle Initial		PATE Feb-22-2019		
BUSINESS	OFFICE HELD, Provide the following information if, during the reporting period, you or any immediate family member						
			ents establishing the entity.	manney -	,		
		•	business purposes if different fr	rom the legal	name.		
•			and/or percent of ownership he				
•			eport the purpose, product(s), a		vice(s) rendered.		
•	Payments from Governme	ental Unit: If the govern		or seek office	e made payments to the business		
•	Payments from Business proprietorship, union, ass seek/hold office) which pa	Customers and Other of cociation, business or of aid compensation of \$12	Government Agencies: List eather commercial entity and each	ach corporation	on, partnership, joint venture, sole t agency (other than the one you Briefly say what property, goods,		
•	Washington Real Estate:	Identify real estate owner	ed by the business entity if the q	qualifications r	referenced below are met.		
ENTITY NO. 1			Reporting For	r: Self 🔀 🤄	Spouse		
			Registere	ed Domestic F	Partner Dependent D		
LEGAL NAME: William C Stacey American Legion Position or Percent of Ownership Post 206 Registered Domestic Partner Dependent							
TRADE OR OPERATING N		3.70	•	/	Parity ()		
	•		140				
ADDRESS: 11 32 North 77th St. Seattle WA 98103							
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Post 206 Empowers Veterans + Citizens to Serve William C Stacey American Legion Post 206 Empowers Veterans + Citizens to Serve William C Stacey American Legion Post 206 Empowers With Eachotter but Leadership + Mutual their Community developing not only Civic ties with Eachotter but Leadership + Mutual understanding: We strive to improve not only the lives we live but the lives of all in our payments entity received from Governmental unit in which you seek/HOLD OFFICE: City, State + Nation Purpose of payments							
	N/A			s ()			
PAYMENTS ENTITY RECE Agency		/ERNMENT AGENCIES	OF \$12,000 OR MORE:	Purpose of p	payment (amount not required)		
PAYMENTS ENTITY RECE	EIVED FROM BUSINESS O mer name:	CUSTOMERS OF \$12,00	00 OR MORE	Purpose of	payment (amount not required)		
	N/A				pay.		
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):							
Check here ⊠ if continued on a	uttached sheet				*		
			CONTINUE	E PARTS B	AND C ON NEXT PAGE		

F-1 Supplement

MASSA, LOUIS, J						
ENTITY NO. 2	Reporting For: Sel	f X Spouse				
LEGAL NAME: AMERICAN Legion Evergreen trade or operating NAME: Program Starf ADDRESS: 3600 Ruddell Rd SE, Lace	Boys State POSITION OF ASSISTA	mestic Partner Department Departm	RSHIP			
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: TO THE CHIZON WE CAN BE AND THE STATE OF THE PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT PURPOSE OF PAYMENTS.	sice to a love in him a person to the control of th	in your Arel when will be to sonal desire to rill help to move will abother ount (actual dollars) when	demonstrate te ha place in wich cill my live,			
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMEN Agency name:		pose of payment (amour	nt not required)			
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOME Customer name:	PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required)					
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):						
Check here ☐ if continued on attached sheet						
B LOBBYING: List persons for whom you, or rates, or standards for compensare an elected official or professi	any immediate family member, lobbied or pre ation or deferred compensation. Do not list pa onal staff member.	epared state legislation by from government bo	or state rules, dy in which you			
Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Us	e Code 1- 9)			
		()				
		()				
	*	()				
Check here ☐ if continued on attached sheet			197			
FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.						
Date Donor's Name, City and State Received	Brief Description	Actual Dollar Amount	Value (Use Code1-9)			
	<u> </u>	\$	()			
		200	()			
			()			
Check here ☐ if continued on attached sheet			, ,			

Information Continued

F-1 Supplement

Name	All and					
ENTITY NO).	Reporting For:	Self Spouse			
		Registered	I Domestic Partner 🔲 [Dependent		
LEGAL NAI	ME:	POSITIO	OR PERCENT OF OWN	IERSHIP		
TRADE OR	OPERATING NAME:					
ADDRESS:		* *				
BRIEF DES	SCRIPTION OF THE BUSINESS/ORGANIZATION:					
PAYMENTS	S ENTITY RECEIVED FROM GOVERNMENTAL UNI Purpose of payments		Amount (actual dollars)			
			\$			
PAYMENTS	S ENTITY RECEIVED FROM OTHER GOVERNMEN Agency name:	T AGENCIES OF \$12,000 OR MORE:	Purpose of payment (amo	unt not required)		
PAYMENTS	S ENTITY RECEIVED FROM BUSINESS CUSTOME Customer name:		Purpose of payment (amo	ount not required)		
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В	OBBYING: (Continued)					
	Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code 1-9)		
			()		
)		
			,	,		
)		
C TI	OOD RAVEL EMINARS (continued)					
Date	Donor's Name, City and State	Brief Description	Actual Dollar	Value		
Received			Amount	(Use Code 1-9)		
			\$	()		
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Information Continued

F-1 Supplement

Name	CITY OF					
ENTITY NO.	19 FEB 22	PM 12:	ੀ ਸ਼ੌeporting For: S	elf Spouse		
	CITY (LERK		Domestic Partner [Dependent	
LEGAL NAME:			POSITION (OR PERCENT OF OWN	NERSHIP	
TRADE OR OPERATING NAME:						
ADDRESS:	*					
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:						
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNI Purpose of payments	T IN WHICH YOU	SEEK/HO		mount (actual dollars)		
			\$			
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMEN Agency name:	T AGENCIES OF	\$12,000 OF		rpose of payment (amo	unt not required)	
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMEI Customer name:	RS OF \$12,000 O	R MORE	Pu	urpose of payment (amo	ount not required)	
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):						
B LOBBYING: (Continued)						
Person to Whom Services Rendered	Description	of Legislati	on, Rules, Etc.	Compensation (Use Code 1-9)	
)	
				,	`	
					,	
				()	
FOOD TRAVEL SEMINARS (continued)			1			
Date Donor's Name, City and State	В	rief Descrip	otion	Actual Dollar	Value	
Received				Amount	(Use Code 1-9)	
				\$	()	
					()	
					()	
1					()	

1 INCOME 5P Mathew Steele Salon + Spa 6417 Roosevelt Way NESTE204 Seattle WA 9811S

Customer Relations 3

4 Creditors Virsinia Mason Medical Center 11009th Ave Scottle WA 98101

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